N.W.T. STATUS OF WOMEN COUNCIL

92-01242/

BRIEF TO THE ROYAL COMMISSION ON NEW REPRODUCTIVE TECHNOLOGIES

Thank-you for the opportunity to present our views to the Royal Commission on New Reproductive Technologies.

Let me briefly introduce our organization. The N.W.T. Status of Women Council was created in April, 1990 under the N.W.T. Status of Women Council Act..

The mandate of the Council is to advise the government on issues of concern to women and to be a voice for NWT women. The activities of the Council include research, community development, public education and advocacy.

Our Council has nine members representing the ethnic and geographical diversity of the NWT. A list of the members is attached to our written brief for your information.

We are pleased that the Royal Commission has included the NWT in its itinerary. Unfortunately the vast distances in the North mean that you will not have the opportunity to meet with many of our women, particularly those from the Eastern Arctic. We believe however that our comments here today will be representative of the views of many NWT women.

Reproductive Health Issues

To us new reproductive technologies are one aspect of a broad range of issues related to women's reproductive health. These issues include pre-natal and post-natal health, midwifery, access to family planning information, fetal alcohol syndrome, sexually transmitted diseases, AIDS,

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and access to various medical services including obstetrical and gynecological services, therapeutic abortions and new reproductive technologies.

I would like to summarize the concerns of our organization in all of these areas and the overall conviction we have that resources must be made available to address all of these issues, not only new reproductive technologies . However, I would first like to give you some background information on childbirth in the NWT.

As you know, medical services are delivered to the people of the NWT through approximately 40 local nursing stations and seven hospitals, one of which is in Churchill, Manitoba. In addition more complex cases may be refered to hospitals in Edmonton, Winnipeg and Montreal.

In the space of one generation many NWT residents have moved from traditional nomadic life on the land and settled in communities offering a range of services. A generation ago children were born in hunting camps with the assistance of a traditional midwife and/or the woman's husband. Ten or fifteen years ago many births took place in local nursing stations with the assistance of a nurse trained in midwifery in the United Kingdom.

Today the vast majority of births take place in a hospital setting. For example in 1987 five per cent of NWT births occurred in nursing stations while ninety-four per cent occurred in hospitals.[1] Most nursing stations and health centers offer pre-natal classes and post-natal follow up. Emergency cases must be medivaced by air to the nearest hospital, often many hours of flying time away - weather permitting.

One significant fact to note is the high birth rate in the NWT, which is 28/1000 population versus a national rate 15/1000.[2] Broken down by ethnic groups the birth rate in 1987 in the NWT was 19.7/1000 for the non-Native population, 33.8 for the Dene and 36.7 for the Inuit.[3] A breakdown by region in the NWT shows the highest rates in the Keewatin (38.7/1000) and Kitikmeot (41/1000) regions in 1988.[4] The infant mortality rate in 1987 was 15 per 1000 live births and 10/1000 in 1988.[5] Custom adoption remains a strong tradition among Inuit in particular, and one solution to infertility.

One must also look at the conditions under which many NWT women of childbearing age live, as background to reproductive health issues.

Many Northern women and their families live in conditions of poverty. Some 40 % of the total population relies on social assistance at some time during the year; in the Kitikmeot region the figure may reach 75% of the population. Many families are in small and overcrowded housing.

The unemployment rate for Native people in the NWT is 30%[6] and based on 1981 statistics at least 60% of Native women in the NWT have less than a grade nine education.[7] Illiteracy rates are actually higher for NWT women aged 15-24 than for those aged 25-44.[8]

Violence is a major factor in the lives of many NWT women. A 1985 study by the Tawow Society in Fort Smith found that 1 in 3 women had been the victim of an assult by her partner, while among Dene women only the rate was believed to be as high as 70%.[9] A recent study by the Keewatin Inuit Association also highlighted local concerns about family violence in communities in that region.[10]

Alcohol abuse is a major problem with clear implications for the incidence of fetal alcohol syndrome in the NWT.

The level of family disruption is also reflected in the incarceration rate of 79.41 per 10,000 adult population in contrast to 9.3/10,000 for Canada as a whole.

We see all of these problems as having a direct and negative effect on women's reproductive health.

ISSUES

Access to Reproductive Health Services

Access to new reproductive technologies is very limited in the North, other than by medical referral to a southern medical facility. The NWT health insurance plan will pay for the costs of infertility assessments and artificial insemminations, however IVF is considered by the NWTHIS to be experimental and therefore ineligible for coverage, effectivly closing off this method to anyone who cannot afford the travel and clinic fees involved. Artificial inseminations have been done at the Stanton Hospital in Yellowknife.

While access to IVF is a problem, I would like to point out some other problems of access to reproductive health services peculiar to the North.

There is one resident gynecologist in the NWT, Dr. Lessard of Yellowknife. He provides obstetrical/gynecological services to the population of over 12,000 women in the western NWT through approximately four visits per year to regional centres and examination of patients sent into Yellowknife from other communities. Ultrasound equipment is only available in Yellowknife, Inuvik, Fort Smith and Hay River, although portable ultrasound equipment is taken along on visits to regional centres.

In the Eastern Arctic obstetrician/gynecologists travel north from Winnipeg or Montreal to the regional centres of Rankin Inlet and Iqaluit three or four times a year to examine patients brought in from outlying settlements. The difficulties for the woman of travel and time spent away from family are clear. It is even more difficult for the women who are refered to a southern hospital for assessment.

Access to therapeutic abortions is also very limited in the NWT as they are only performed at Stanton Hospital in Yellowknife. Patients needing therapeutic abortions in the Western NWT must be sent to Yellowknife, while those from the Keewatin and Baffin regions go to hospitals in Winnipeg and Montreal, respectively.

In 1987 there were 248 therapeutic abortions obtained by NWT women. This represents a rate of 19.1 abortions per 1000 women aged 15-44, compared to a national rate of 10.2.[11] Fully 28% of the therapeutic abortions obtained by NWT women were performed outside the NWT, primarily in Montreal and Winnipeg.[12]

The important point is that even the most basic services of an obstetrical/gynecological nature are either not available to NWT women or only available with great disruption to the individual and her family due to the travel required and the time spent away from home.

While we believe that technology to assist infertile couples is important and necessary, we believe that it cannot be developed at the expense of ensuring that women in the NWT or elsewhere in Canada have better access to basic reproductive health services.

Pre-natal and Post-natal Health, Fetal Acohol Syndrome

As mentioned above, pre-natal courses are held by most nursing stations and public health clinics in the NWT. There is nevertheless much to be done to raise awareness of nutrition and other pre-natal health matters, particularly alcohol and tobacco using during pregnancy. While the infant mortality rate has dropped in recent years (10/1000 in 1988) it is still higher than the national average.

The incidence of FAS in the NWT is of particular concern. As far as we know, no definitive research has been done in the NWT to establish what the actual incidence of FAS is. In the Yukon, however, one study found a rate of 46 FAS children per 1000 Native children.[13] We see a definite need to devote more resources to research on FAS in the NWT so that more effective preventative public education programs can be implemented.

Midwifery

As outlined earlier, 94% of births take place in a hospital setting and for many NWT women this means travel to another centre and absence from home and family for at least two weeks and sometimes as long as twelve weeks. There are very strong feelings among NWT women that more births should take place in the community, and that local women should be trained to assist the nurse-midwife in charge of delivery. There is much interest in the Povungnituk birthing centre in northern Quebec, which trains and employs Inuit midwives and enables women to give birth closer

to home. A similar project has been proposed for the community of Spence Bay, NWT, and is awaiting funding.

Northern women feel strongly that they must regain control of the birthing process, as the present system is stressful to the woman and her family and is contrary to traditional cultural values and practices surrounding childbirth.[14]

Sexually Transmitted Diseases and Aids

In 1987 the total STD rate for gonorrhea and chlamydia cases treated was 5,359/ 100,000 population.[15] In the same year there was one reported case of AIDS in the NWT.[16] A recent estimate has indicated ten individuals in the NWT who have tested positive for HIV infection.

We have serious concerns regarding the lack of public understanding regarding AIDS and its transmission. The Government of the NWT instituted an AIDS program in 1987 to educate the public but this program is now being phased out. We are concerned that the importance of condom use has not been accepted by the NWT public at large and believe that the AIDS program should be continued and perhaps modified. It has been shown elsewhere that it may be difficult for women to insist that their sexual partners use condoms, if the relationship is not one of equals, or if the woman comes from a more traditional community.

Resources must be devoted to continued public education on STDs and AIDS. In addition, the Government of the NWT Department of Health must be committed to consistent and thorough training of community health workers who can make information on STDs and AIDS readily available at the community level.

Family Planning

We share the view of many women's organizations across the country that resources must continue to be devoted to developing safe and reliable methods of contraception.

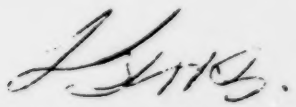
We believe that many women in the NWT may wish to limit the size of

their families but may not have the information to enable them to do so or may be uncomfortable discussing this with medical staff. Language and cultural barriers contribute to this discomfort, both at the local nursing station and after delivery at a hospital, when medical staff attempt to discuss family planning with the mother. Once again, a well-trained community health worker, working in the language and culture of the community, will be essential to assist women and their partners to become more aware of their options.

CONCLUSION

In closing we would like to re-iterate that new reproductive technologies are one of a range of reproductive health issues facing NWT women. It is essential that resources be devoted to improving the basic level of reproductive health services available in the NWT, providing information to women on all aspects of reproductive health, and addressing the pressing issue of midwifery in the North.

Thank-you .



Lynn Brooks
Executive Director

Yellowknife, NWT
September 12, 1990

FOOTNOTES

1. Report on Health Conditions in the Northwest Territories - 1987 National Health and Welfare Canada, Ottawa, 1988, p. 22.

2. Ibid., p. 22.

3. Ibid., p. 23.

4. Government of the Northwest Territories 1989 Annual Report, Government of the NWT, Yellowknife, 1990, p. 59.

5. Ibid., p. 59.

6. 1989 NWT Labour Force Survey, Government of the NWT Bureau of Statistics, Yellowknife, June 1989, p. 21.

7. Women and Literacy in the Northwest Territories, Hay River Women's Resource Centre, Hay River, NWT, April 1989, p. 17.

8. Ibid., p. 7.

9. Towards a Comprehensive Response to Spousal Assault in the Community of Fort Smith, Tawow Society, Fort Smith, NWT, 1985.

10. Keewatin Inuit Association, Rankin Inlet, NWT, 1990.

11. Therapeutic Abortions, Catalogue 82211, Health Division, Statistics Canada, Ottawa, 1989, pp. 19 and 20.

12. Ibid., p. 23.

13. "Appraisal of the Epidemiology of Fetal Alcohol Syndrome Among Canadian Native Peoples", D. Bray and P. Anderson, Canadian Journal of Public Health, 80, Jan.-Feb. 1989, pp. 42 - 45, at p. 43.

14. Childbirth in the Canadian North: Epidemiological, Clinical, and Cultural Perspectives, J. O'Neill and P. Gilbert, Eds., Northern Health Research Unit, University of Manitoba, Winnipeg, 1990, pp. 37 - 58.

15. Report on Health Conditions in the Northwest Territories - 1987, National Health and Welfare Canada, Ottawa, 1988, p. 100.

16. Ibid., p. 95.